Schwab 529 College Savings Plan

# Agent Authorization / Limited Power of Attorney

charles SCHWAB

- Complete this form to designate an Investment Advisor, individual, or other entity as your agent with limited authority to act on your Schwab 529 Plan Account(s).
- You may only designate one level of authorization in **Section 3** for the Account(s) listed on this form. To grant a different level of authorization for your other Account(s), please complete a separate form.
- This **Agent Authorization/Limited Power of Attorney Form** must be signed by the Account Owner and notarized in **Section 4**.
- If there is anything about this form that you do not understand, you should consult your attorney to explain it to you.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Return the completed form and any other required documents to:

**Schwab 529 Plan**
**P.O. Box 2906**
**Shawnee Mission, KS 66201-2906**

Forms can be downloaded from our website at **schwab.com/forms**, or you can call us to order any form — or request assistance in completing this form — at **1-888-903-3863.**

## 1. Account Owner information

Account Number *(List all that apply. This form applies only to the Accounts listed. To list more than three Accounts, use a separate sheet.)*

Social Security Number

Name of Account Owner/Responsible Individual/Custodian *(first, middle initial, last)* or Trust

Name of Joint Account Owner *(first, middle initial, last)*

Permanent Street Address *(A P.O. box is **not** acceptable.)*

City

State

ZIP Code

Telephone Number *(In case we have a question about your Account.)*

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*SCHWAB 529 LIMITED POA*

## 2. Agent information

**Relationship of Agent to Account Owner** *(Check one.)*

☐ Investment Advisor ☐ Other *(Provide Social Security number.)* ☐☐☐ — ☐☐ — ☐☐☐☐

Name of Agent *(first, middle initial, last)*

Advisor Firm Name *(If applicable)*

Investment Advisor Master Account Number *(If applicable)*

Mailing Address

City State ZIP Code

Telephone Number

## 3. Authorization level

I (We), the Account Owner(s) listed in **Section 1,** appoint the Agent listed in **Section 2,** as my agent *(please initial the appropriate level of access that applies to the Account(s) listed in **Section 3**).*

**Note:** If you have more than one Account and you wish to designate different levels of access for your different Account(s), complete a separate form for each Account.

☐ **Level 1 — Account Inquiry Access.** To obtain information about my Account(s), and receive duplicate Account statements from the Schwab 529 Plan.*

☐ **Level 2 — Account Inquiry Access, Contributions, and Investment Changes.** To obtain information about my Account(s), and receive duplicate Account statements from the Schwab 529 Plan. To contribute money to the above-referenced Account(s) and to change the Investment Portfolios for each of the above-referenced Account(s).*

☐ **Level 3 — Account Inquiry Access, Contributions, Investment Changes, and Withdrawals.** To obtain information about my Account(s), and receive duplicate Account statements from the Schwab 529 Plan. To contribute money to the above-referenced Account(s) and to change the Investment Portfolios for each of the above-referenced Account(s). To withdraw, now or in the future, money from the above-referenced Account(s).*

* The authority granted herein is limited to the level of authority specified above. My agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Designated Beneficiary,
- Signing or e-signing an Account application or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.

## 4. Signature and notarization — YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS LIMITED POWER OF ATTORNEY WILL EXPIRE IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

THIS LIMITED POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS LIMITED POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH, DISABILITY, INCAPACITATION, OR INCOMPETENCE.

By checking next to the powers listed above, your Investment Advisor firm and the Authorized Agents listed above will be authorized to transact business on your behalf, to execute any indemnification agreement required by the Schwab 529 Plan to exercise any of these powers and to conduct, on your behalf, any and all other business with the Schwab 529 Plan that such Investment Advisor firm deems necessary and appropriate. Such powers do not include transferring ownership of units, or changing the Designated Beneficiary, Successor Account Owner, or Successor Responsible Individual. You hereby authorize any representative of the above-named Investment Advisor firm and the Authorized Agents listed above to act on your behalf when transacting business, as authorized above, on all Schwab 529 Plan accounts listed in **Section 1**, and to execute and deliver any instrument necessary to effect such authority. American Century Services, LLC, Charles Schwab & Co., Inc., and their agents may rely on the authority of the named Investment Advisor firm and any Authorized Agent thereof until they receive notification to the contrary.

If you would like to remove the above-named firm or Authorized Agents from your account, please contact Schwab's 529 Team at 1-888-903-3863 for a 529 College Savings Plan Investment Advisor Removal form. You consent to American Century and it's agents (i) sending, by mail, electronic delivery and/or other means, duplicate copies of account trade confirmations, account statements and any other information relating to the Account Owner and the account to the Account Owner's Investment Advisor and Authorized Agents, above; (ii) sending such information about the Account Owner and the account, as previously directed by the Investment Advisor firm, to third parties such as CPAs or performance reporting companies; and (iii) disclosing of information about the Account Owner and the account to other third parties as provided in the accompanying Schwab 529 Plan Application and the Schwab 529 Plan Guide and Participation Agreement.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, CONSULT YOUR ATTORNEY BEFORE SIGNING.

SIGNATURE

Signature of Account Owner/Responsible Individual

Date *(mm/dd/yyyy)*

SIGNATURE

Signature of Joint Account Owner

Date *(mm/dd/yyyy)*

**All signatures must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.**

STATE OF _____ )

)ss.:

COUNTY OF _____ )

This document was acknowledged before me on _____ (date) by _____ *(name of Account Owner)*, who certifies the correctness of the signature of the Account Owner.

SIGNATURE

Signature of Notary

Date *(mm/dd/yyyy)*

Name of Notary *(first, middle initial, last)*

My commission expires:

Date *(mm/dd/yyyy)*

**Notary to place seal here**

Applies to signature in **Section 4.**

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